

Student's Name

Guardian's Name

Guardian's Contact

Info:(phone)_____

(email)_____

Please Mark All That Applies: The student will be taking:

- | | | |
|-------|--|---------|
| _____ | Week 1 - July 11 th – July 15 th | (\$110) |
| _____ | Week 2 – July 18 th – July 22 nd | (\$110) |
| _____ | Week 3 – July 25 th – July 29 th | (\$110) |
| _____ | Week 4 – Aug. 1 st – Aug. 5 th | (\$110) |

OR

Summer Studio Art Class, all 4 weeks to receive 1/2 credit (\$400)

Total Cost: _____

If you have any questions, please feel free to email me at eckerlem@ndapandas.org